Keenan

Hacienda-La Puente Unified School District

Summary of Anthem HSA 1650 Plan Comparison _ Classified, Certificated, Management & Confidential

RENEWAL	2025	
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Effective Date Renewal Date	07/01/2025 07/01/2026		
Carrier		Blue Cross	
Plan Name) - \$10/30 Rx	
Benefit Summary	Eligible Employees		
	In-Network	Out-of-Network	
General Plan Information			
Annual Deductible/Individual	\$1,650 medical/prescription/MH-SA in/out of network combined	\$1,650 medical/prescription/MH·SA in/out of network combined	
Annual Deductible/Family	\$3,300 medical/prescription/MH·SA in/out of network combined	\$3,300 medical/prescription/MH-SA in/out of network combined	
Coinsurance	90%	70%	
Office Visit/Exam	90%	70%	
Outpatient Specialist Visit	90%	70%	
Annual Out-of-Pocket Limit/Individual	\$3,000	\$9,000	
Annual Out-of-Pocket Limit/Family	\$6,000	\$18,000	
Deductible Included in Out-of-Pocket Limits	Yes	Yes	
Lifetime Plan Maximum	Unlimited	Unlimited	
Dutpatient Services			
Preventive Services			
Well-Child Care	100% deductible waived	Not covered	
Immunizations	100% deductible waived	Not covered	
Well Woman Exams	100% deductible waived	Not covered	
Mammograms	100% deductible waived	Not covered	
Adult Periodic Exams with Preventive Tests	100% deductible waived	Not covered	
Diagnostic X-Ray and Lab Tests	90%	70%	
Naternity Care			
Pregnancy and Maternity Care (Pre-Natal Care)	90%	70%	
npatient Hospital Services			
Inpatient Hospitalization	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	
Pre-Authorization of Services Required	Yes	Yes. If not pre-certified, penalty is \$500 per admission (waived for emergency)	
Semi-Private Room & Board; Including Services and	90%	70% plus \$500 admission fee after the deductible has been satisfied	
Supplies		(waived for emergency)	
Surgical Services			
Outpatient Facility Charge	90%	70% limited to \$350/admit	
Emergency Services			
Emergency Room	90%	90%	
Ambulance			
Air	90% non-medical emergency is subject to pre-service review	90% non-medical emergency is subject to pre-service review; limited to \$50,000	
Ground	90% non-medical emergency is subject to pre-service review	90% non-medical emergency is subject to pre-service review; limited to \$50,000	

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RENEWAL	2025

Effective Date	07/0	1/2025	
Renewal Date	07/01/2026		
Carrier	Anthem	Blue Cross	
Plan Name	HSA 1650	- \$10/30 Rx	
Benefit Summary	Eligible Employees		
-	In-Network	Out-of-Network	
Urgent Care			
Urgent Care Facility	90%	70%	
Mental Health Benefits			
Inpatient Care	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is ar additional \$250 copay if a utilization review is not obtained.	
Outpatient Care	90%	70% facility care. Physician visits behavioral health treatment for autisn or pervasive development disorders requires pre-service review.	
Substance Abuse			
Inpatient Care			
Inpatient Hospitalization	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is ar additional \$250 copay if a utilization review is not obtained.	
Inpatient Detoxification Services	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is ar additional \$250 copay if a utilization review is not obtained.	
Outpatient Care			
Outpatient Services	90%	70%	
Prescription Drug Benefits			
Prescription Drug Deductible	\$1,650 ind/\$3300 fam medical/prescription/MH-SA in/out of network combined	\$1,650 ind/\$3300 fam medical/prescription/MH-SA in/out of network combined	
Generic	\$10 after deductible; provided by Express Scripts (see www.express- scripts.com for a list of pharmacies)	50% after deductible; provided by Express Scripts (see www.express- scripts.com for a list of pharmacies)	
Brand (Formulary/Preferred)	\$30 after deductible; + cost difference between generic and brand when generic equivalent is available; provided by Express Scripts (see www.express-scripts.com for a list of pharmacies)	50% after deductible; + cost difference between generic and brand wher generic equivalent is available; provided by Express Scripts (see www.express-scripts.com for a list of pharmacies)	
Number of Days Supply	30 days	30 days	
Mail Order			
Generic	\$20 copay after deductible; provided by Express Scripts	Not covered	
Brand (Formulary/Preferred)	\$60 copay after deductible + cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	
Number of Days Supply for Mail Order	90 days	Not covered	

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Effective Date	07/01/2025		
Renewal Date	07/01	/2026	
Carrier	Anthem E	Blue Cross	
Plan Name	HSA 1650 - \$10/30 Rx		
Benefit Summary	Eligible Employees		
	In-Network	Out-of-Network	
Other Services and Supplies			
Durable Medical Equipment & Prosthetic Devices	90%	70%	
Home Health Care	 90% limited to 100 visits/calendar year; one visit equals four hours or less; in/out of network combined 	70% limited to 100 visits/calendar year; one visit equals four hours or less; in/out of network combined	
Skilled Nursing or Extended Care Facility	90% limited to 100 days/calendar year; in/out of network combined	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency); limited to 100 days/calendar year; in/out of network combined	
Hospice Care	- 100% deductible waived	80% after deductible has been satisfied	
Chiropractic Services	90% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	70% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	
Acupuncture	- 90%	70%	
Hearing			
Screening	100% Screening included under preventive care	Not covered	
Aid(s)	90% limited to one hearing aid per ear every 3 years	70% limited to one hearing aid per ear every 3 years	
Infertility			
Diagnosis	See plan certificate	See plan certificate	
Treatment	See plan certificate	See plan certificate	
Outpatient Rehabilitative Therapy Services			
Physical	90% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	70% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	
Occupational	 90% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined 	70% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	
Speech	90%	70%	

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